

STARK RESPONDS TO CMS' REQUEST FOR SUGGESTIONS ON HOW TO SIMPLIFY THE PRESCRIPTION DRUG BENEFIT

Thursday, 23 February 2006

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FOR IMMEDIATE RELEASE

Friday, February 24, 2006

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WASHINGTON, DC

— U.S. Representative Pete Stark (D-CA), Ranking Democrat on the Ways and Means Health Subcommittee, today praised the Centers for Medicare and Medicaid Services for recognizing the vital need to simplify the Part D prescription drug program. Rep. Stark suggested the appropriate simplification would be to add a real drug benefit within Medicare.

The following is the text of the letter sent to CMS Administrator McClellan earlier today:

February 24, 2006

The Honorable Mark McClellan, M.D., Ph.D.
Administrator

Centers for Medicare and Medicaid Services

200 Independence Avenue, SW

Washington, DC, 20201

Dear Dr. McClellan:

I received a copy of the memo for public comment on the Draft 2007 MA, MA-PD and PDP call letters today. The letter asks only for input from the industry – which I obviously am not. But, I’m providing comment in this venue because there hasn’t been another opportunity for me to do so.

As a senior member of the Ways and Means Committee, which has oversight of the Medicare program, I would normally provide suggestions and make inquiries to CMS during our Committee’s oversight hearings on the implementation of Medicare Part D. Unfortunately, that is impossible as our Chairman and Republican members have apparently decided oversight is unnecessary. Despite our repeated written and verbal requests, they have refused to hold hearings on Medicare Part D implementation.

I’d like to complement the agency for recognizing that there is a vital need to “simplify PDP options.” It is too bad this recognition comes two and a half years after passage of the law, and two months into implementation. It’s a message we’ve been delivering ever since the Bush Administration and Republican leaders chose to go with a privatized Medicare drug benefit.

The best step that can be taken to simplify the Medicare Part D prescription drug program is to put a real drug benefit into Medicare and have a consistent, uniform drug benefit available to each and every Medicare beneficiary in our country regardless of where they live. You could choose to continue to have a myriad of confusing private plan options for those who want to go through that process, but much like the Medicare Advantage program operates, it would be a choice. Thus, as is the case for non-drug coverage, beneficiaries are enrolled in traditional fee for service Medicare and may remain there or they may join a MA plan. On the drug side, you could remain in the Medicare drug plan or choose to switch to a private option. That’s the type of choice and security that America’s senior citizens and people with disabilities want.

I recognize that CMS will not be able to implement such change on its own, but I stand ready with hundreds of my colleagues in Congress to legislate the modifications necessary to make Part D a real Medicare Drug benefit.

I look forward to working together on this goal.

Sincerely,

Pete Stark

Ranking Democrat

Committee on Ways & Means

Health Subcommittee